

Docket No. 58463/JPW/AG/LAD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Harold J. Wanebo and Shashikant Mehta

Serial No. : 09/287,884 Examiner: J.D. Anderson

Filed : April 7, 1999 Group Art Unit: 1614

For : COMBINATIONS OF CERAMIDE AND CHEMOTHERAPEUTIC AGENTS

FOR INDUCING CELL DEATH AND USES THEREOF IN TREATING CANCER

Mail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 31, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

— A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

— No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	14 -	* 26 =	*** 0 X	\$25	\$50	=	\$ 0
Independent Claims	4 -	** 8 =	*** 0 X	\$105	\$210	=	\$ 0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$185	\$370	=	\$0
				TOTAL ADDITIONAL FEE \$ 0			

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____)

and a fee of \$ _____ included)

A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time

Other (identify): Request For Continued Examination

THE TOTAL FEE DUE IS \$ 635.00.

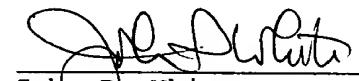
A check in the amount of \$ 635.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

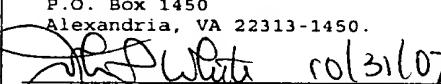
Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
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John P. White Date
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